To the Reader

The purpose of this brochure is to help patients, their caregivers, and medical professionals understand Hawaii’s medical cannabis laws and policies, including the 2000 An Act to Permit the Medical Use of Marijuana in Hawai‘i (Act 228), the 2015 Medical Marijuana Dispensary law (Act 241), and subsequent bills to reform the

This brochure provides the best and most accurate information available to us at this time. Nothing herein constitutes medical or legal advice. You should consult a health care professional or attorney if you have any questions about medical cannabis as it applies to your individual circumstances.

Note on terminology: Cannabis is the botanical name and the correct term used to describe the medicinal plant, Cannabis Sativa. Although, there is no plant named “marijuana”, the term is sometimes used interchangeably with cannabis due to usage in older laws. As of 2017, the official name of the programs in Hawai‘i use the term “medical cannabis.”

Mahalo

Mahalo nui loa to the Cooke Foundation as well as the NME Fund & the Kosasa Family Fund of the Hawai‘i Community Foundation for their generous support in the production and distribution of this booklet and to those who helped in its creation, especially Dee & Miles Tuttle, Destiny Brown, Randy Gonce and most of all, our own Wendy Gibson.

Mahalo also to the Drug Policy Alliance for their ongoing support.

Mahalo nui loa to Governor Benjamin Cayetano for his compassion and foresight in introducing the original legislation in 1999. Special thanks to the individuals and organizations whose efforts helped ensure that Hawai‘i became the first state to legalize medical cannabis via the legislative process and now has a dispensary system to serve the state’s tens of thousands of patients. We are especially grateful to the Hawai‘i Department of Health’s Harm Reduction Branch for its role in helping Hawaii’s patients and for the use of its FAQs.
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The Department of Health, Medical Marijuana Registry program:
health.hawaii.gov/medicalmarijuanaregistry/

The Department of Health, Medical Marijuana Dispensary Program:
http://health.hawaii.gov/medicalmarijuanadispensary/


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For Updates

For up-to-date information and advocacy resources, please visit the Medical Cannabis Coalition of Hawai‘i (MCCHI) website at www.mcchi.org and sign up for the legislative newsletter.

- Follow them on Facebook @mccoalitionhawaii or
  - Twitter @MCCoalitionHI
- Contact them via e-mail at info@mcchi.org.

To contact the Drug Policy Forum of Hawai‘i about drug policy issues, please visit our website at www.dpfhi.org

- Twitter @DPFHawaii
- contact us via e-mail at cannabis@dpfhi.org
- or by phone at (808) 518-3213.
Medical Cannabis and the Law- In Hawaii

Background: The Law in Hawai‘i

On June 15, 2000, Governor Benjamin Cayetano signed Hawaii’s Act 228 into law making Hawai‘i the first state to permit the medicinal use of marijuana via an act of the state legislature. Rules for its administration were developed by the State Department of Public Safety where the program was initially housed. Patients (and/or caregivers) are allowed to grow a limited supply of medicine and must be registered with the Medical Cannabis Patient Registry.

In January 2015, the program moved to the State Department of Health (DOH) where it is now administered by the Harm Reduction Services Branch.

In 2015, SB1291 was signed into law (as Act 242) and added additional patient and caregiver protections that address non-discriminatory requirements for the following:

- Schools and landlords towards individuals based solely on the individual’s status as a qualifying patient or primary caregiver in the medical marijuana program,
- Medical care, including organ transplants, in that the medical use of marijuana shall be considered equivalent to the use of any other medication under the direction of a physician,
- Custody, visitation, or parenting time and no presumption of neglect or child endangerment.

Also, in 2015, a long-awaited Dispensary Program became law when Governor David Ige signed and enacted HB321 (as Act 241), a program that is administered by the Office of Health Care Assurance at DOH.

In the 2016 Legislative Session both the registry and dispensary laws were amended when HB2707 was enacted (as Act 230). Key changes: Advanced Practice Registered Nurses (APRNs) with specific prescriptive privileges are now able to certify patients; a Medical Cannabis Oversight Working Group was established to recommend legislation to improve the dispensary system.

In the summer of 2017, the first dispensaries and testing labs opened, the plant count for registered patients increased from 7 to 10 and five more medical conditions were added to the list of qualifying conditions. Lupus, epilepsy, multiple sclerosis and rheumatoid arthritis were added via legislation. ALS was added through a new DOH petitioning process.

In 2018: Omnibus bill HB2729 signed into law as Act 116. It established a working group to address employment discrimination and edibles. It also: allows for an extension of the certification (up to 3 years), allows dispensaries to sell Safe Pulmonary Administration products (such as vaporizers), allows the establishment of a bona fide provider-patient relationship via telehealth (after the relationship has been established by a face-to-face consultation) and allows one or both parents/guardians to register as caregivers for one or more qualifying minor patients. It also addresses rules for out-of-state patients and reciprocity, allowing qualifying patients to use dispensaries.

In 2018, SB2488 passed (as Act 161) and addressed reimbursement by health insurance (including Worker’s Comp). SB2407 was passed and VETOED by the Governor (Ige). It would have added opioid use and substance use disorders & withdrawal symptoms resulting from their treatment to the list of qualifying conditions.

In 2019 more than 23,000 patients are registered to use medical cannabis under state law. During the summer of 2019, the Department of Health is planning to merge the registry and dispensary programs under the Office of Medical Cannabis Control and Regulation.
In 2005 the U.S. Supreme Court, in Gonzales v. Raich ruled that the federal government had the power under the commerce clause of the U.S. Constitution to enforce federal marijuana laws against patients who possess or cultivate marijuana. It did not address any issues related to medical marijuana nor did it overturn any of the state laws on medical marijuana. The power of state governments to enact and enforce state medical marijuana laws was not affected by this decision. Federal prosecutors tend to act against large drug operations and Federal charges are rarely brought against patients for small-scale, personal possession or cultivation of cannabis (although this remains a possibility). Arrests for marijuana by federal authorities in the U.S. over the last several years account for only 1% of all marijuana arrests.

If a state like Hawai‘i has removed criminal penalties for medical use of marijuana, then patients and physicians who are compliant with State law have an affirmative defense and are protected from arrest by state or local authorities. It is important to note that the protections of the Hawai‘i medical marijuana laws do not protect patients and physicians from possible Federal prosecution.

In 2013 The Cole Memorandum was issued by the Obama Administration in the wake of Colorado’s and Washington State’s successful legalization initiatives. It set a list of criteria for states to follow in order to avoid federal interest in their cannabis programs including the prevention of: distribution of cannabis to minors, interstate diversion of cannabis, and revenue going to criminal cartels and gangs.

In May 2017, then AG Sessions announced that low-level drug offenders would once again be criminalized to the maximum extent possible. In 2018 he encouraged federal prosecutors to go after states pursuing well-regulated, democratically enacted cannabis programs and he rescinded the Cole Memo. The Congressional Cannabis Caucus was formed. In 2019, William Barr, nominee for U.S. attorney general pledged during his Senate confirmation hearing not to “go after” marijuana companies that comply with state laws.

In December 2014, the “Hinchey-Rohrabacher Medical Marijuana Amendment” (House Amendment 272) was incorporated by both houses of Congress in the spending bill. It prevents the US Department of Justice from spending money to impede the execution of state medical marijuana laws. The amendment has been renewed annually since 2014.


Conflict between State and Federal Laws

Despite the progress that has been made toward creating safe and legal systems at the state and local level, federal laws banning any use of marijuana remain in effect - with a few exceptions for participants in federally approved clinical trials and the Compassionate Investigational New Drug Program patients (The Federal Government’s medical cannabis program since 1978).

Marijuana remains at this writing in Schedule I of the Controlled Substances Act of 1970 despite meeting none of the criteria mandating this highly restrictive placement. This scheduling is a barrier to legislation, to patient access and to research. The Drug Enforcement Administration (DEA) is under substantial public and political pressure to revise this placement.
What Hawaii’s Law Does
Protects Patients and Caregivers from Arrest at the State or Local Level

Patients and their “primary caregiver” who comply with this law (obtain certification from a physician or APRN and register with the Department of Health, Medical Marijuana Registry Program (DOH-MMRP) and remain compliant with the program are protected against prosecution for cannabis-related crimes under Hawai‘i law. In the unlikely event of being arrested, patients and their caregivers who follow the law may have a legal defense available to them if they are following the Act’s procedures, using the cannabis only for medical purposes, and complying with all aspects of the law. The law allows growing, transporting and possession of cannabis (in specified quantities) and “paraphernalia,” but only for medical purposes.

Protects Physicians and APRNs at the State, Local, and Federal Levels

The law states that, if a physician or APRN complies with the procedures and registration requirements specified in the Act and all corresponding administrative rules, she or he shall not be subject to arrest or prosecution, penalized in any manner, or denied any right or privilege for providing written recommendation for the medical use of cannabis for a qualifying patient. As explained below, since September 2001, the physician (and now APRN) is protected from state prosecution.

On October 29, 2002 the Ninth Circuit Court of Appeals unanimously upheld the right of doctors to recommend cannabis to their patients. The Justices ruled that it is the role of the states, not the federal government, to regulate the practice of medicine.

In October 2003 the U.S. Supreme Court let this ruling stand (Conant v. Walters, 309F.3d 629, 2002). At the heart of the Conant decision is the First Amendment’s protection of a physician’s right to speak openly and candidly about cannabis’ potential risks and its therapeutic benefits.

Hawaii physicians may discuss and, where applicable, certify qualifying patients for the medical cannabis program.
What Hawaii’s Law Does

Limits Qualifying Medical Conditions

In order to use marijuana as a medicine, a patient must be diagnosed by a physician or APRN licensed to practice in Hawai‘i as having one or more of the following “debilitating” medical conditions:

1. ALS -amyotrophic lateral sclerosis (Lou Gehrig’s disease), Cancer, Epilepsy, Glaucoma, Lupus, Rheumatoid Arthritis or

2. A positive status for human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), or the treatment of these conditions;

3. A chronic or debilitating disease or medical condition or its treatment that produces one or more of the following:
   a) Cachexia or wasting syndrome (severe weakness, malnutrition or weight loss)
   b) Severe pain  c) Severe nausea
   d) Seizures, including those characteristics of epilepsy
   e) Severe and persistent muscle spasms, including those characteristics of Multiple Sclerosis or Crohn’s Disease; or
   f) Post-traumatic stress disorder (PTSD, added by statute in 2015); or

4 Any other medical condition approved by the DOH in response to a request from a physician, APRN or qualifying patient.

Sets Limits on a Patient’s Supply of Medical Cannabis

Under Hawai‘i law, “adequate supply” means an amount of usable cannabis possessed by the qualifying patient and the primary caregiver together that is “not more than is reasonably necessary” to alleviate the symptoms or effects of a debilitating medical condition.

An “adequate supply” must not exceed TEN cannabis plants, whether immature or mature, and four ounces of usable marijuana at any given time. This means that a patient, and their caregiver, can jointly have no more than 10 plants of any maturity and 4 ounces of useable marijuana on hand at any given time. [§329-121].
What Hawaii’s Law Does
Requires a Physician’s or APRN’s Certification

The Act protects only patients whose physician or APRN has filled out and submitted a written certification to the state Department of Health for use of medical cannabis and the Department of Health has issued a corresponding registration card. A physician or APRN, licensed in Hawai‘i, must diagnose one of the aforementioned conditions and certify in writing that the potential benefits of medical cannabis use would likely outweigh the health risks for the particular patient. 

**Simply having a qualifying disease or symptoms does not automatically qualify anyone for protection under the Hawai‘i medical marijuana act.**

NOTE: A physician’s or APRN’s written certificate, in and of itself, is insufficient to protect the qualifying patient based on Hawaii’s law.

**States What the Physician or APRN Must Do To Certify a Patient**

To certify a patient for medical marijuana use, a physician or APRN must do the following:

1) Complete a full in-person, face-to-face assessment of the patient’s medical history and current medical condition;
2) Diagnose the patient as having a debilitating medical condition covered by the medical marijuana act;
3) Explain potential risks and benefits of medical marijuana use to the patient or her/his guardian; and
4) Certify, in writing, that in the health professional’s professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks to that particular patient. This should all be documented in the patient’s medical record.

**States What Health Professionals Can NOT Do:**

- “Prescribe” medical cannabis;
- Cultivate or possess marijuana for patient use;
- Assist patients in obtaining cannabis by doing more than that required by the Act;
- Physically assist patients in using marijuana;
- Certify patients without establishing and maintaining a bona fide physician-patient relationship; or certify patients without an approved debilitating medical condition.
What Hawaii’s Law Does

Permits Patients to Name a “Primary Caregiver”

Patients may appoint a “primary caregiver” who can be any person at least 18 years old other than their physician or APRN, who has agreed to undertake responsibility for managing the well-being of only one qualifying patient with respect to the medical use of marijuana. The primary caregiver must also register with the DOH. When registered, the primary caregiver may also be granted a defense from prosecution for possession and/or cultivation of medical marijuana brought under state law, assuming the caregiver has complied with all program and registration requirements specified in the law.

In the case of a patient who is a minor (under 18) or an adult lacking legal capacity, a primary caregiver must be designated. This person can be one or both of the parents of a minor, his or her guardian, or a person having legal custody.

Permits Changes to the Primary Caregivers’ Role in 2023
Change to Hawaii Revised Statute 329, Part IX

After December 31, 2023, a qualifying patient shall obtain medical marijuana or manufactured marijuana products only from a dispensary; or by cultivating marijuana in an amount that does not exceed an adequate supply for the qualifying patient (pursuant to Section 329-122). After December 31, 2023, no primary caregiver shall be authorized to cultivate marijuana for any qualifying patient, UNLESS the qualifying patient resides on an island that does not have a dispensary, OR if the qualifying patient is a minor/adult lacking legal capacity (and the primary caregiver is the parent, guardian, or person having legal custody of a qualifying patient).

Allows patients to Appeal, If Denied

DOH is required by law to notify you in writing regarding the reasons for any denial and when you may reapply. Further, within a short time frame following the denial, you may also file a “request for reconsideration” with DOH. If this also proves unsuccessful, you can ask for judicial review by the Hawai‘i circuit court.
What Hawai`i’s Law Does NOT Do

**Does Not Legalize Cannabis**—Federal laws banning marijuana remain in effect and the Hawai`i Act does not permit recreational use of marijuana. Patients are not protected from being fired from their jobs if the employer has a “Zero tolerance” policy.

**Does Not Allow Just Anyone to Claim “Medical Use” of Cannabis**—To be covered under Hawai`i’s medical marijuana law, a patient must register and must have one of the listed medical conditions and have been certified by her/his doctor or APRN for medical marijuana use.

**Does Not Allow Unlimited Supplies of Medical Cannabis**—Even patients who qualify under the law must still adhere to strict limits on the quantity of medical marijuana they possess. This is limited to an “adequate supply’ which shall not exceed TEN cannabis plants, (immature or mature), and four ounces of usable marijuana at any given time in accordance with Act 178 that Amended sections of HRS 329 Part IX.

**Does Not Permit the Sale of Cannabis**—The medical marijuana act defense will not protect someone who sells any amount of marijuana. Any evidence of sale of marijuana can result in prosecution and years of prison time, regardless of the buyer’s or seller’s medical condition or medical authorization to use marijuana. This prohibition does not apply to state-licensed medical cannabis dispensaries.

**Does Not Allow Use of Medical Cannabis in a Public Place/Workplace/Moving Vehicle**—Even when registered in the program, the Act specifically prohibits use of medical cannabis in any public place, in a bus or moving vehicle, in the workplace, on school grounds, or any use that endangers the health or well being of another person. In addition, “use” includes “transportation” which is expressly prohibited in public places unless the medical cannabis is: 1) In a sealed container, 2) Not visible to the public, and 3) Not removed from the sealed container or consumed in any way while it is in the public place.

**Does Not Force a Physician or APRN to Provide a Certification for Medical Cannabis** No doctor or APRN is required to authorize the medical use of cannabis.

In addition, the inter-island transportation of medical cannabis is currently not allowed and all “smoke-free” laws that pertain to smoking cigarettes (and vaping) also pertain to cannabis, regardless of registration into the program.
Frequently Asked Questions

Q - What is Medical Cannabis?
Medical cannabis is the same as any other form of marijuana or cannabis except that it is used as medicine. It is often offered in different strains or formulations especially suited for addressing a specific medical complaint or symptom.

Q - Why Can’t I Get Medical Cannabis at a Pharmacy?
Pharmacies are federally regulated and can only dispense medications that are approved by the FDA and prescribed by a physician. Because marijuana continues to be classified by the federal government as a “Schedule I” drug (with no ACCEPTED medical uses) it cannot be prescribed by any health care professional.

Q - Where Can I Obtain Medical Cannabis?
The law is silent on where patients may obtain seeds, cuttings or plants to grow-their-own. The 2015 legislative session passed a bill to permit a system of state-licensed dispensaries to sell cannabis products. DOH’s Office of Health Care Assurance issued 8 licenses in May of 2016 to selected applicants. Up to 16 dispensaries are permitted to be in operation. See the back cover for a list of dispensaries.

Q - What is the Definition of “Usable” Cannabis? “Usable cannabis” is defined as any mixture of the dried leaves and flowers of the Cannabis plant that is appropriate for the medical use of cannabis. Useable marijuana does not include seeds, stalks, and roots of the plant. Manufactured cannabis products are available through dispensaries. A system of equivalency has been established.

Q - Is My Medical Cannabis Covered by Insurance?
No. The Act explicitly states that insurance companies are not required to pay for medical cannabis however that could change through the legislative process or court decisions.

Q - How Long Does My Certification Last?
One to two years from the date issued. The Physician or APRN makes this decision and it applies for both patients and primary caregivers. Qualifying patients may begin the renewal process 60 days before the expiration of their current 329 Card. You are responsible for keeping track of the expiration date (it is stated on your 329 Card).
Frequently Asked Questions

Q - Do I have to be a Hawai‘i resident?
NO – however, you must be certified by a Hawaii-licensed physician or APRN with whom you have a “bona fide” professional relationship.

Q - What is a “bona fide” relationship?
In the DOH Administrative Rules, a “bona fide physician-patient relationship” means a relationship in which the physician has ongoing responsibility for the assessment, care, and treatment of a qualifying patient’s debilitating medical condition with respect to the medical use of marijuana. (With the passage of Act 230, all references to “physician” in chapter 11-160, Hawaii Administrative Rules are also inclusive of “APRN”.) This relationship must include a full in-person, face-to-face assessment of a patient’s medical history and current medical condition(s), a diagnosis of a qualifying condition(s), an explanation or potential risks and benefits to the patient or his/her guardian and a written professional opinion that the risks outweigh the benefits. After establishing the relationship with a first face-to-face, it can be maintained using telehealth.

Q - Can Minors Use Cannabis Under Hawaii’s Act?
Yes. Minors under 18 are protected under Hawaii’s law if their physician or APRN has explained the potential risks and benefits to both the qualifying patient and to their parent or legal guardian, and if the parent or legal guardian has consented in writing to allow the use; to serve as the minor’s caregiver, and to control the minor’s acquisition, dosage, and frequency of use of the marijuana. A parent or guardian must serve as the minor’s primary caregiver and follow the certification and registration procedures outlined above.

Q - What If My Condition or Illness Is Not Covered by Hawaii’s Law?
Hawaii’s Department of Health has set up a petitioning process for physicians APRNS and potentially qualifying patients to request that other medical conditions and diseases be added to the list of those debilitating medical conditions currently covered in the Act. Many conditions have been added through the legislative process.

Q - Why Is Getting the 329 Registration Card Important?
The registration card is evidence of compliance with the law and should ordinarily prevent an arrest. Without the card, the patient or caregiver may be arrested and held under arrest until the patient’s right to use medical marijuana is confirmed.
Frequently Asked Questions

Q - Is a Patient’s Confidentiality Protected?
Yes. However, upon an inquiry by authorized law enforcement agents the DOH-MMRP will verify whether a particular qualifying patient has registered with the Department of Health and may provide reasonable access to the registry information for specific official law enforcement purposes. Also, prior to being allowed to enter and purchase medical cannabis from a licensed dispensary, the dispensary will be able to verify that the patient or caregiver is registered with the Department of Health.

Q - Will the Police Have Access to my Medical Information?
NO – Law enforcement may contact DOH to verify if an individual is a registered participant (patient or caregiver) in the program, or verify if a specific location has been registered as a grow site. The DOH will verify both the registration of an individual, and the registration of a grow site location, should law enforcement inquire for any official law enforcement purpose.

Q - What Should a Patient Do if Subject to Verification?
Politely show the officer your registration card and/or your properly tagged plants. They may then contact the DOH-MMRP to verify your registration. If the officer still questions the validity of your registration, you may wish to contact an attorney. If you do not have and cannot afford a lawyer, ask to call the state Public Defender’s office. On Oahu is (808) 586-2200. On Neighbor Islands the numbers are: Hilo (808) 974-4571; Kona (808) 323-7562; Kaua`i (808) 274-3418; and Maui (808) 984-5018.

NOTE: Possession of a 329 Card does not exempt the card holder from complying with any and all other state laws that pertain to cannabis (smoking in public, driving under the influence, sales or distribution, etc.).

Q - What Should I Tell My Employer If I Am Subjected to a Drug Test?
The Act prohibits use of medical marijuana in the workplace but is silent regarding the employee’s rights and duties regarding medical marijuana. It is suggested that employers treat medical marijuana like any other prescription drug that might impair ability--however many do not. Employees should consult their employer’s drug policy.
Frequently Asked Questions

Q - Can Patients Living in Federally Subsidized Housing Participate in The Program?
Despite Hawaii’s medical marijuana act, federal law or federal rules and regulations still prohibit the use, possession, cultivation, or distribution of cannabis. Any federal laws or rules prohibiting the use of marijuana in federally subsidized housing would likely override Hawaii’s law. Patients occupying rental units or federally subsidized housing who wish to use medical marijuana should seek legal guidance on this issue. However, discriminatory practices against any person with a valid 329 card (in certain housing situations) have been prohibited by the state of Hawaiʻi (Hawaiʻi Revised Statutes: §421J, §514A, and §514B.)

Q - Where Can Medical Cannabis Be Grown?
The State’s medical marijuana act contains no requirements or limitations on where marijuana for medical use can be grown. However, the regulations of the Department of Health limit the places where marijuana can be grown to:
(1) the qualifying patient’s home address;
(2) the primary caregiver’s home address; or
(3) “Another location owned or controlled by the qualifying patient or the primary caregiver that is approved by the administrator and designated on the registry certificate issued by the department.”

Q - If I’m a Medical Cannabis Patient in Hawaii, Can I Use Cannabis in Other States?
Laws vary greatly from state to state and laws can change at any time. At this time Arizona, Nevada, New Hampshire, Maine, Michigan, Rhode Island and Washington, DC are the only jurisdictions to offer protections for out-of-state patients. Michigan, Nevada, New Hampshire, Rhode Island and Washington DC may allow out-of-state patients to purchase medical cannabis from dispensaries. Hawaiʻi will offer reciprocity to qualifying medical cannabis patients from other states beginning in 2019.

Q - What information do I need to Register for the DOH Medical Cannabis Program?
To register you must:
- have a qualifying debilitating medical condition and a physician or APRN advance practice registered nurse CERTIFY your debilitating medical condition(s) on your application
- completed an application online
- provide a clear copy of your valid identification and pay a registration fee
Labs in Hawaii that can provide testing for dispensaries and patient’s home grown cannabis

Aeos Labs, Inc-- Multiple locations--Operated by Clinical Labs of Hawaii
https://www.aeoslabs.com/Home for more information and ordering tests

Steep Hill Hawaii – Oahu (808) 735-5227
1150 S King St. (Penthouse) Honolulu, HI, 96814

Steep Hill Hawaii - Hawaii (Big) Island Phone: 808-735-5227
73-5590 Kauhola Street, Suite B  Kailua Kona, HI 96740

Pharmlabs Hawaii, LLC – Maui +1 (808) 385-5303
77 Hookele St 101, Kahului, HI 96732
info@hipharmlabs.com   https://hawaii.pharmlabscannabistesting.com
Frequently Asked Questions

Q – If I own a gun, can I still become a medical cannabis patient?

By law, DOH is not required to verify if you are already a gun owner when you register for the program. However, federal law does not allow users of cannabis (medicinal or otherwise) to legally own a firearm. If owning a firearm is important to you, you may want to check with the firearms permitting department in the county that you reside in.

Please see our special FAQ at:

Q - Is it a requirement that I carry my 329 card?

YES, you must carry both your 329 Card and a valid ID whenever you are in possession of your medical marijuana. This is for your protection and is a requirement in the DOH Administrative Rules 11-160-31 (a). As of February 2019, an electronic 329 card will become available.

Q – What if I no longer need/want my 329 Card?

You may submit a void request to DOH to invalidate your registration into the program. No fee will be assessed.

Q. What if I need to make changes to information on my card?

Failure to notify DOH of any change to your application information can result in the revocation of your 329 Card. There is a charge of $16.50 for any change that triggers the issuance of a new 329 Card (i.e. changes to any information printed on or omitted from your 329 card) or if you request a replacement 329 Card.
Frequently Asked Questions

Q - Can My Physician Assistant, Naturopath, or Family Nurse Practitioner Authorize Medical Use of Cannabis?

No, Physician Assistants, Naturopaths, and Nurse Practitioners are not covered by the Hawai`i medical marijuana act. However, Advanced Practice Registered Nurses were added to those who can meet the certification requirements of the Act in 2016.

Q - What If My Doctor or APRN Isn’t Willing To Give Me a Certification or Says I Do Not Qualify?

The Act does not force physicians or APRNs to offer certifications for medical cannabis use. The Department of Health recommends that you begin the discussion with the physician who is treating you for the (qualifying) debilitating medical condition.

Q - Is There a List of Doctors or APRNs Who May Be Willing to Advise Me On the Medical Use of Cannabis?

Yes, Although the list of names of doctors and APRNs who have sent written certifications to the DOH-MMRP remain confidential, the Drug Policy Forum of Hawai`i may be able to assist you in finding a provider. Contact DPFHI at info@mcchi.org.

Q - Do Physicians or APRNs Risk Losing Their License To Prescribe Controlled Substances If They Participate in the Program?

No. participating health professionals should be protected from loss of their licenses to prescribe controlled substances if they confine their actions to those required by the Act, comply with all of the programs requirements, and conduct themselves with integrity and in accordance with the professional and ethical standards of conduct explicitly articulated or inherently implied by their profession.
Patient Information--Identification Tags for Plants
effective July 18, 2015

Any registered patient or caregiver who is designated to grow medical marijuana MUST place on each of their medical marijuana plants, an identification tag that CLEARLY shows their 329 registration number and expiration date.

The Hawaii Administrative Rules (HAR) for the Medical Use of Marijuana say that “The person who has been designated to cultivate marijuana shall have a legible identification tag, in a form and manner as determined by the department, on each marijuana plant being cultivated for the qualifying patient.” (see, section 11-160-31(b), HAR). Plants that are not tagged or that are improperly tagged are subject to removal by law enforcement.

No more than TEN (10) cannabis plants for a single patient, may be tagged with the same registration number and expiration date. (Section 329-121 Hawaii Revised Statutes.)

Each registered patient must select a single location for all of their plants to be cultivated and this location must be identified on their 329 registration card. (See, section 11-160-2, HAR, definition of Grow Site.)

Patients and caregivers must select/purchase or make their own tags.

The tag MUST meet the DOH guidelines. Acceptable tags are available for sale online OR can be made with items found in most hardware stores.

The tag shall be tied to or encircle the base of each plant and shall be clearly visible on the outside of the plant.

Tags must meet the guidelines listed at http://health.hawaii.gov/medicalmarijuanaregistry
Guidelines for Proper Identification Tags:

1. **Tag Material/Durability**: Each tag shall be made of a durable water and weather resistant material.

2. **Tag Color**: Each tag shall be of SOLID color with black or blue lettering.

3. **Tag Face Size**: Each tag face shall be at least 3” long by 1/4” wide.

4. **Tag Location**: Each tag shall be tied to or encircle the base of the plant.

5. **Tag Visibility**: Each tag shall be clearly visible on the outside of the plant.

6. **Tag Content**: Each tag shall be CLEARLY marked with the 329 registration number and expiration date.

7. **Tag Lettering**: Shall be large and legible enough to be readable. Shall remain readable if/when plant is subjected to watering or the elements. If any lettering on the tag becomes difficult to read then the tag shall be replaced immediately with the same registration number and expiration date.

8. **Updating Tags**: All tags shall be updated immediately upon the issuance of a new registration card (i.e. renewal, change of information on card, reissue of card and a change of registration number) or anytime the tag contents are no longer legible.

**WARNING**: Untagged or improperly tagged cannabis plants (not meeting the above requirements) are subject to confiscation and removal by law enforcement, and the grower or property owner is not guaranteed the protections available in Chapter 329, Hawaii Revised Statues.
Patient Registration Process:

Watch *DOH video: https://www.youtube.com/watch?v=BM7LLz0gjRE*

1. Schedule an appointment with your chosen qualified Physician or APRN

2. Fill out an online application. Go to [https://login.ehawaii.gov](https://login.ehawaii.gov) and create a **free** secure account. Remember your username and password so you can check on the status of your application!


4. Fill out the online application and upload any required documents, e.g., a clear copy of your valid ID. You may be able to use a cell phone photo.

5. Pay. The cost is $38.50 ($35 application fee + $3.50 portal administration fee); You must pay with a credit/debit card or direct withdrawal from a savings or checking account. All fees are non-refundable, even if a card is NOT issued. Applications that utilize direct withdrawals from savings or checking accounts will not be processed until a minimum of 10 business days from the date of debit (to be sure it clears your account). Applications that utilize credit/debit have the shortest turnaround time.

6. Submit your application to your physician

7. Once your physician certifies your condition and submits your application to DOH-MMRP, your application will be in line for processing. Patients can NOT submit their application directly to DOH-MMRP.

8. DOH will review the items submitted and issue the 329 card for completed applications, in the order received.

9. Incomplete applications will be electronically returned to the patient for corrections. All corrections must be made within 30 days of notification or the application may be denied.

10. DOH-MMRP recommends that applicants check their registration status WEEKLY to ensure a speedy issuance of the 329 card.

11. All 329 cards, including a caregiver’s, will be mailed directly to the patient.

12. Patients must ensure that their caregiver gets a caregiver 329 card.
Information for Physicians & APRNs

To certify a patient for medical cannabis use, a Physician (MD or DO) or APRN must do the following:

1. A certifying physician must be a Hawaii-licensed physician (Medical Doctor or Doctor of Osteopathy) or Advanced Practice Registered Nurse who holds a current and valid license with authority to prescribe drugs and who is registered with the Department of Public Safety to prescribe controlled substances.

2. Certifying physicians and APRNs are REQUIRED to maintain a bona fide health professional-patient relationship with the qualifying patient. At a minimum, all certifying physicians or APRNs must do the following:
   a) Complete a full in-person, face-to-face assessment of the patient’s medical history and current medical condition;
   b) Diagnose the patient as having a debilitating medical condition covered by the medical marijuana act;
   c) Explain potential risks and benefits of medical marijuana use to the patient or her/his guardian; and
   d) Certify, in writing, that in your professional opinion, the potential benefits of the medical use of marijuana would likely outweigh the health risks to that particular patient and document this in the patient’s medical record.

3. Each health professional must complete an Electronic Signature Agreement - download the form, complete it on a computer (or type), print it out, sign and date it, and return the ORIGINAL to DOH. Mail completed form to the DOH address below. Electronic signatures are NOT acceptable for this form. This form is required BEFORE the physician can use the new electronic system which allows DOH to accept the physician’s electronic signature for BOTH the patient’s application AND the issued 329 Card.

4. MUST “link” their MyPVL license before creating their first online application. This requires a valid and current, Hawaii Medical License Number (without the “MD” or “DOS”) AND State Controlled Substance Registration Number (usually begins with an “E”).

5. MUST click the “Doctor’s First Time Log In” the first time they go to medmj.hawaii.gov and enter ALL of their information. To change any information entered, physicians may do so in a subsequent patient’s record. For example, you entered the wrong email address for the office and you want to change it. In the NEXT record that you enter, you can make the change on the physician/APRN’s certification page.

Department of Health - MCRP
4348 Waialae Avenue, #648
The Electronic Registration Process Allows Physicians and APRNs to:

1. Electronically create a patient record for the patient who is unable to enter their own data, at the health professional’s discretion, and submit to DOH. Only electronic payments are accepted.

2. Review patient applications (that is, the information that a patient includes in the application such as their name, address, caregiver, grow site, etc.).

3. Electronically return a patient’s application to a patient if there is a need for corrections (e.g. patient decides to add a caregiver or wants to change the grow site address).

4. Certify their patient’s condition.

5. Upload documents on behalf of a patient – OPTIONAL (application can not be submitted to DOH without the required documents uploaded; patient has the ability to upload their own documents).

6. Submit the electronic application to DOH.

Steps a Physician or APRN Should Take BEFORE Contacting Customer Support

1. Make sure you are using a valid/current Medical License number and a state controlled substance registration number.

2. See if your medical license # is linked to your MyPVL account by visiting: https://pvl.ehawaii.gov/mypvl?

3. Click the ‘Doctors, first time logging in’ link on the landing screen of https://medmj.ehawaii.gov?

4. Make sure your log in is done using the same email and password that was used to create your MyPVL account?

If you are still having difficulty, please call Customer Support at (808) 695-4620 from Oahu and (866) 448-0725 from neighbor islands.)
Hawai`i Dispensary Licensees, Retail Locations

HAWAII ISLAND (Big Island)
Big Island Grown (808) 825-5533
www.bigislandgrown.co
info@bigislandgrown.co

Hawaiian Ethos (Kona and Hilo) (808) 339-3205
65-1158 Hawaii Belt Rd, Waimea, HI 96743
hawaiianethos.com

KAUAI
Have a Heart (Green Aloha) (808) 320-3187
4-1565 Kuhio Hwy #3, Kapaa HI 96746

MAUI
Maui Grown Therapies (808) 866-7576
44 Pa’a St, Kahului, HI 96732
www.mauigrown.com

Pono Life Sciences (808) 489-9454
415 Dairy Road, Kahului HI 96732
ponolifesciences.com

OAHU
Aloha Green Apothecary (808) 369-2888
1314 S. King Street Honolulu, HI 96814
www.agapoth.com info@agapoth.com

Cure Oahu (808) 208-8770
27 Kapahulu Ave, Honolulu, HI 96816
cureoahu.com

Noa Botanicals (808) 800-2126 noacares.com
Honolulu: 1308 Young Street, Honolulu, HI 96814
Kaneohe: Windward Centre 46-028 Kawa Street, Kaneohe HI 96744
ABOUT US

The Drug Policy Forum of Hawai‘i is a non-profit organization founded in 1993 to educate policymakers and the public about effective ways of addressing drug issues in Hawai‘i with sensible and humane policies that reduce harm, expand treatment options, and adopt evidence-based practices while optimizing the use of scarce resources. The Drug Policy Forum of Hawai‘i envisions a just society where drug laws are grounded in science, compassion, and public health, and where criminalization is reserved for those who pose a genuine danger to public safety.

DPFH sponsors local, national, and international drug-policy professionals at community forums and conferences on topics such as medical cannabis, overdose prevention, the impact of crystal methamphetamine, effective drug education and drug law reform.

DPFH also presents films and videos, maintains a reference library on drug policy, acts as a resource for the media on drug policy issues, sustains an active speakers bureau, and publishes legislative updates and newsletters.

For more information about the Drug Policy Forum of Hawai‘i or to obtain additional free copies of this brochure, please contact our office at (808) 518-3213 or e-mail us at cannabis@dpfhi.org. This complete brochure is also available on our website: http://dpfhi.org/guidebook